2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2004 8:00 am Secretary of State

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DOCUMENT # P03000063397 1. Entity Name PAUL E'S CATERING, INC.						02-12-200	•		
Principal Plac	e of Business	Mailing Address	<u> </u>		1		n a	00554	/I '7
11200 VALENCIA ISLES BLVD BOYNTON BCH, FL 33437		11200 VALENCIA ISLES BLVD BOYNTON BCH, FL 33437					01	0000	± (
2. Principal Place of Business		3. Mailing Address 7315 Tonga Court							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01202004	Chg-P	CR2E0	34 (10/03)	
City & State		Boyroon beach, FL		FL	4. EEI Numb	003231	9	1	oplied For of Applicable
Zip	Country	33437	Palm B	ach	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent	100/11		7. Name and	Address of New	Registered	Agent	
	***************************************		Name	700		hrenw	105	-u/	-
CORPORATE CREATIONS NETWORK INC. 11380-PROSPERITY FARMS RD 221E				Address (P.O. Box Numb	er is Not Acceptat		<i></i>	
PALM BCH GARDENS, FL 33410				73/5	- 700	16-A C	7	•	
			City	Boy,	Jaal R	pach	/ FL	74514	 5 VS >
0.75			<u> </u>		V1010 12	500 C		33	
the obligat	named entity submits this statement to ions of registered agent.	r the purpose of changing its	registered office	or register	ed agent, or bo	in, in the State of i	-ionda. i am	aminar with,	and accept
:	$(\neg \neg $	a som H					1,2/2	√	
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOT)	E: Registered Agent sig	nature required	when reinstating)		DATE	7 ·	
	/ E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campa Trust Fund Cont			.00 May Be ed to Fees	1	- 		
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	L CHANGES TO OF	FICERS AND	DIRECTOR	S IN 13
TITLE	D	☐ Delete	TITLE					Change	Agosirai
NAME	EHRENWORTH, PAUL	Science	NAME			۸ ،			<u> </u>
STREET ADDRESS	11200 VALENCIA ISLES BLVD		STREET ADDRES	s 73	7315 Tonga Pourt				
CITY-ST-ZIP	BOYNTON BCH, FL 33437		CITY-ST-ZIP	Boy	ndon be	ach, FL 3	3343千		
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STREET ADDRESS	11200 VALENCIA ISLES BLVD		STREET ADDRES	s 7.31					
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NAME STREET ADDRESS			NAME STREET ADDRES	,					
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>					
	Lettify that the information supplied with	this filing does not qualify for		tated in Se	ction 119.07(3)	(i), Florida Statutes	s. I further cer	tily that the ir	 nformation
indicated	on this raport or cumplamental raport is	true and ago, unto and that a	au aionatura aba	I have the	cama local offo	al ac il made uade	a ocub ubot L	on an afficac	or aurocior

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 it changed, or on an attachment with an address with all other like empowered.

GNATURE:

SIGNATURE:

Daylore Proce #